



INSTITUTE OF  
PUBLIC  
ACCOUNTANTS®



FAST-TRACK  
MEMBERSHIP  
(MONARCH GRADUATES)

## A YOUR PERSONAL DETAILS

Mr  Mrs  Miss  Ms  Other, please indicate

Date of birth

Given name

Middle name

Family name

Current position title

Company name

Contact phone number: Mobile

Business

Home address

State/Territory

Postcode

Email address (mandatory)

Monarch Course you have completed

Date

## B MORE INFORMATION ABOUT YOU

- Have you ever ceased to be a member of a professional body due to disciplinary action?  No  Yes
- Have you ever been refused admission to the IPA or any other professional body?  No  Yes
- Have you ever had any criminal convictions within or outside Australia?  No  Yes
- Have you been the subject of an unfavourable decision by a professional or regulatory body?  No  Yes
- Have you ever been declared bankrupt or insolvent?  No  Yes

**NOTE: IF YOU ANSWERED YES TO ANY QUESTION(S), PLEASE PROVIDE DETAILS ON A SEPARATE PAGE WITH ANY RELATED OFFICIAL DOCUMENTATION.**

## C DECLARATION

I declare that

- I have read the IPA's Privacy Policy<sup>1</sup> and consent to my personal information being collected, used and disclosed for the purposes outlined.
- I understand that the IPA has an investigations and disciplinary process<sup>2</sup> to accept written complaints against IPA members. I also understand that as a condition of membership, all IPA members are subject to this investigation and disciplinary process for alleged breaches of the IPA Constitution, By-laws, Pronouncements<sup>3</sup> and professional and ethical standards.
- If admitted to membership,
  - a. I agree to abide by the IPA Constitution, By-laws, Pronouncements and all standard setter and regulator rules, guidance statements and authoritative interpretations including, but not limited to those issued by the Accounting Professional and Ethical Standards Board (APESB), the Tax Practitioners Board (TPB) the Australian Securities and Investments Commission (ASIC), the Australian Accounting Standards Board (AASB) and the Auditing and Assurance Standards Board (AUASB);
  - b. I agree to undertake and keep a record of my continuing professional development activities, meeting the requirements of Pronouncement 7;
  - c. I agree to advise the IPA should I become bankrupt, be charged with any criminal offence or be the subject of an adverse finding by any professional or regulatory body; and
  - d. I agree to apply for an IPA Professional Practice Certificate (PPC) if I offer professional services to the public and my turnover exceeds the tax-free threshold or if I market my professional services to the public.

**I certify that the information provided on this application form and attachments is true and correct.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

<sup>1</sup>For full Privacy Policy and Collection Notice, go to [www.publicaccountants.org.au/portal/privacy-and-policy](http://www.publicaccountants.org.au/portal/privacy-and-policy).

<sup>2</sup>For the IPA Complaint Investigation and Member Disciplinary Action information, go to [www.publicaccountants.org.au/about/complaint-investigation](http://www.publicaccountants.org.au/about/complaint-investigation).

<sup>3</sup>For the IPA Constitution, By-laws and Pronouncements, go to [www.publicaccountants.org.au/about/obligations](http://www.publicaccountants.org.au/about/obligations). Failure to comply with these regulations may result in disciplinary action.